

RFP 2014-15-13

125 Cafeteria Plan Services and Group Voluntary Supplemental Insurance

Addendum No. 1

January 26, 2015

Notice is hereby given to all prospective respondents for the **125 Cafeteria Plan Services and Group Voluntary Supplemental Insurance - RFP 2014-15-13**, for the City of Weslaco as follows:

- Current Allstate Products/Plan Benefits
 - MyBenefits
 - Group Accident Insurance
 - Group Cancer Insurance
 - Group Supplemental Health Insurance
 - Heartcare plus premiums for Texas
 - Heart/Stroke Insurance

- Question: On the “RFP 125 Cafeteria Plan Services Questionnaire” do you request for it to have a check mark or agent’s initials on questions number 3 - 19? Please initial if you agree.

City of Weslaco,

/s/ Veronica Ramirez, Human Resource Director

MyBenefits

Benefits at Your Fingertips 24/7

Accessing benefit information has never been easier

- Express Wellness - Claims benefits paid directly to your checking account
- Submit claim documents
- Check claim status
- Get benefit coverage details
- Review claims history
- Make changes to personal information
- View and download your Explanation of Benefits (EOB)
- View coverage information

How to Get Access

- Go online to www.allstateatwork.com/mybenefits
- Sign up for access using the secure online registration process. Create a User ID and Password.
- Be prepared to provide your SS#, zip code, and birthdate.
- Need help registering? Just click on "Need Help" in the menu to the right.
- Once registered, full access to all benefits and website is available day or night, 24/7, it's that simple!

To read more about what the **MyBenefits** site can offer, see the information on reverse.

MyBenefits

the right tool • your benefits • full access



Allstate
Benefits

MyBenefits

Our secure online access offers benefit information 24/7

Below is a quick overview of the **MyBenefits** innovative online capabilities

1. Online Access 24/7 -

Through online access, upload claim documents, review coverage details, track claim status or update personal information with ease!

2. Claims Status, Filing and Payments -

Check claims status at your convenience 24/7. Or, file a claim using our online forms submission process and upload all supporting documents. Expedited payment process available by filing online. Receive claim payments in as little as 5 days. Have your wellness claim processed within 48 hours by filing through our Express Wellness option. Elect to have your claim benefit payment directly deposited into your checking account.

3. Policy Information -

Print or view policy information, coverage details or certificates on existing coverage.

4. Update Information -

Keep your physical address, e-mail address and telephone number up-to-date and accept electronic delivery of documents.

5. Need Help? -

The Need Help? section provides a listing of telephone numbers to contact Allstate Benefits, ask a question online, or submit questions through e-mail.

Logon today! Experience the ease of taking advantage of the valuable coverage Allstate Benefits has to offer.

The screenshot displays the Allstate MyBenefits website. At the top is the Allstate Benefits logo. Below it is a navigation bar with links: Home, My Coverage, My Claims, Account Settings, and Log Off. The main content area is titled "Welcome To MyBenefits" and includes a login section with fields for ID and Password, a "Log In" button, and a "Forgot Password" link. To the right of the login section is a "Your Toolkit" sidebar with links: Site Tour, Submit A Claim, Update Profile, Transaction History, Site Demo, Customer Forms, Frequently Asked Questions, Need Help?, and Logout. Below the login section is a "Not Registered?" section with a "Registration" button and a "Questions?" section with a "Contact Us" button. The bottom section is titled "My Claims" and contains a table of recent claims activity.

Claim Number	Coverage Number	Service From Date	Insured Name	Claimant Name	Service Provider Name	Claim Status
005002143-01	0084020040	11/20/2004	Wilson, Cindy	Wilson, Cindy	14938040009	Processed
005002143-02	0084020040	11/20/2004	Wilson, Cindy	Wilson, Cindy	Memorial Hospital	Processed
005002143-03	0084020040	09/25/2006	Wilson, Cindy	Wilson, Cindy	Memorial Hosp Jacksonville	Processed
005002143-04	0084020040	08/20/2006	Wilson, Cindy	Wilson, Cindy	14802060009	Processed
005002143-05	0084020040	06/25/2003	Wilson, Cindy	Wilson, Cindy	Memorial Hosp Jacksonville	Processed
005002143-06	0084020040	06/20/2007	Wilson, Cindy	Wilson, Cindy	Memorial Medical Center	Processed
005002143-07	0084020040	06/20/2007	Wilson, Cindy	Wilson, Cindy	Third Hospitalization Benefit	Processed

Total Items: 7 Page 1 of 1



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www.allstate.com or allstateatwork.com.

Are you protected from life's accidents?

There are things that
you or your family do
daily that may lead to
an accidental injury and
out-of-pocket expenses.



SPORTS



TRAVEL



WORK

More than half of the 7 million sports and recreation-related injuries that occur each year are sustained by youth between ages 5 and 24.¹

¹Protect the Ones You Love, Sports Injuries, 2010, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control

THIS POLICY IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATION THAT MUST BE FILED AND POSTED. - (TX only)

GVAP1

GROUP ACCIDENT INSURANCE

Best in Benefits SeriesSM

ABJ16564



Allstate

Benefits



Most unintentional injuries occurred in or around the home (44.3%) followed by injuries at recreational and sport facilities (15.4%) and injuries on streets, highways, sidewalks, and parking lots (10.9%).²

² Injury Facts 2010 Edition, National Safety Council.

BENEFIT ENHANCEMENT RIDER

Hospital Admission - Pays for your first hospital confinement, after you have been continuously covered by this rider for 12 months. Must be confined within 3 days after the accident. Paid once per year.

Lacerations - Pays when you receive treatment for 1 or more cuts within 3 days after an accident. Paid once per year.

Burns - Pays when you receive treatment for burns, other than sun burns, within 3 days after an accident. Paid once per accident.

Skin Graft** - Pays when you receive a skin graft for a covered burn. Paid once per accident.

Brain Injury Diagnosis - Pays a one-time benefit when you are diagnosed with 1 of these traumatic brain injuries within 30 days after an accident: concussion, cerebral laceration, cerebral contusion, or intracranial hemorrhage. Must be first treated by a physician within 3 days after the accident.

Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)* - Pays when you receive a CT scan or MRI. Must be first treated by a physician within 30 days after the accident. Paid once per year.

Paralysis - Pays a one-time benefit when you are paralyzed from a spinal-cord injury for at least 90 days. Must be confirmed by a physician within 3 days after the accident.

Coma With Respiratory Assistance - Pays a one-time benefit when you are in a coma.

Open Abdominal or Thoracic Surgery - Pays when you have open abdominal or thoracic surgery for internal injuries within 3 days after the accident.

Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery* - Pays when you have surgery to repair a tendon, ligament, rotator cuff or knee cartilage; or for exploratory arthroscopic surgery.

Ruptured Disc Surgery* - Pays when you have a surgical procedure to repair a ruptured spinal disc.

Eye Surgery** - Pays when you have surgery or a foreign object removed from the eye. Paid once per accident.

General Anesthesia* - Pays for general anesthesia during a covered surgery.

Blood and Plasma - Pays for a blood or plasma transfusion within 3 days after an accident. Paid once per accident.

Appliance** - Pays for 1 of the following: wheelchair, crutches, or walker. Paid once per accident.

Medical Supplies** - Pays for over-the-counter medical supplies. Paid once per accident.

Medicine** - Pays for prescription or over-the-counter medicine. Paid once per accident.

Prosthesis* - Pays for a physician-prescribed prosthetic arm, leg, hand, foot or eye. Paid once per accident.

Physical Therapy** - Pays for physician-prescribed physical therapy (up to 6 treatments per accident). Must take place within 6 months after the accident.

Rehabilitation Unit - Pays when you are confined in a rehabilitation unit after a hospital stay. Paid up to 30 days per confinement (maximum 60 days per year).

Non-Local Transportation - Pays when you have physician-prescribed treatment at a hospital or treatment center more than 100 miles from your home. Paid up to 3 times per accident.

Family Member Lodging - Pays when one adult family member accompanies you to receive treatment at a hospital or treatment center more than 100 miles from the family member's home.

Post-Accident Transportation - Pays when you are hospital confined for at least 3 days in a row more than 250 miles from your home, and you are brought home by a common carrier.

Accident Follow-Up Treatment - Pays when you receive follow-up treatment from a physician in their office or in a hospital as an outpatient (up to 2 treatments per accident). Must take place within 6 months after the accident.

*must begin or be received within 180 days of the accident.

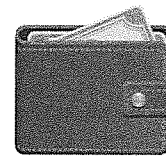
**must begin, be received, or performed within 90 days of the accident.



Don't Wait for A Sign

Accidents can happen unexpectedly and can be costly, especially if you are financially unprepared. Your current medical coverage will help pay for expenses associated with an injury, but won't cover all of the out-of-pocket expenses you may face. Don't wait until you are on the road to recovery after an accidental injury to realize you need more protection.

Start thinking about the future of your finances today and plan for the road ahead. You can rely on our Group Accident Insurance to help provide the financial assistance you need, when you need it most so you can cope with the challenges of recovery.



The most commonly mentioned body sites for injuries were wrist, hand, and fingers followed by lower leg and ankle.³

If you suffer an accidental injury, would you be able to handle the extra expenses associated with your recovery?

Benefit coverage for City of Weslaco

group voluntary accident

PROTECTION
solutions

BASE ACCIDENT BENEFITS		LOW	HIGH
Accidental Death	Employee	\$30,000	\$40,000
	Spouse	\$15,000	\$20,000
	Child	\$7,500	\$10,000
Common Carrier Accidental Death	Employee	\$150,000	\$200,000
	Spouse	\$75,000	\$100,000
	Child	\$37,500	\$50,000
Dismemberment	Employee	up to \$30,000 ¹	up to \$40,000 ¹
	Spouse	up to \$15,000 ¹	up to \$20,000 ¹
	Child	up to \$7,500 ¹	up to \$10,000 ¹
Dislocation and Fracture	Employee	up to \$3,000 ¹	up to \$4,000 ¹
	Spouse	up to \$1,500 ¹	up to \$2,000 ¹
	Child	up to \$750 ¹	up to \$1,000 ¹
Initial Hospital Confinement		\$750	\$1,000
Hospital Confinement (per day)		\$150	\$200
Intensive Care (per day)		\$300	\$400
Ambulance	Regular Ambulance	\$150	\$200
	Air Ambulance	\$450	\$600
Medical Expenses		up to \$375	up to \$500
Outpatient Physician's Treatment (per visit)		\$37.50	\$50
BENEFIT ENHANCEMENT RIDER BENEFITS		LOW	HIGH
Hospital Admission		\$1,000	\$1,000
Lacerations		\$100	\$100
Burns	< 15% of body surface	\$200	\$200
	> 15% or more	\$1,000	\$1,000
Skin Graft (% of Burns)		50%	50%
Brain Injury Diagnosis		\$300	\$300
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)		\$100	\$100
Paralysis	Paraplegia	\$15,000	\$15,000
	Quadriplegia	\$30,000	\$30,000
Coma with Respiratory Assistance		\$20,000	\$20,000
Open Abdominal or Thoracic Surgery		\$2,000	\$2,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$1,000	\$1,000
	Exploratory	\$300	\$300
Ruptured Disc Surgery		\$1,000	\$1,000
Eye Surgery		\$200	\$200
General Anesthesia		\$200	\$200
Blood and Plasma		\$600	\$600
Appliance		\$250	\$250
Medical Supplies		\$10	\$10
Medicine		\$10	\$10
Prosthesis	One Device	\$1,000	\$1,000
	Two or More	\$2,000	\$2,000
Physical Therapy (per day)		\$60	\$60
Rehabilitation Unit (per day)		\$200	\$200
Non-Local Transportation (per trip)		\$800	\$800
Family Member Lodging (per day)		\$200	\$200
Post-Accident Transportation		\$400	\$400
Accident Follow-Up Treatment (per day)		\$100	\$100

¹ Based on amounts
shown in the Injury Benefit
Schedule on reverse.

GVAP1

GROUP ACCIDENT INSURANCE

the right coverage * your future * great choice

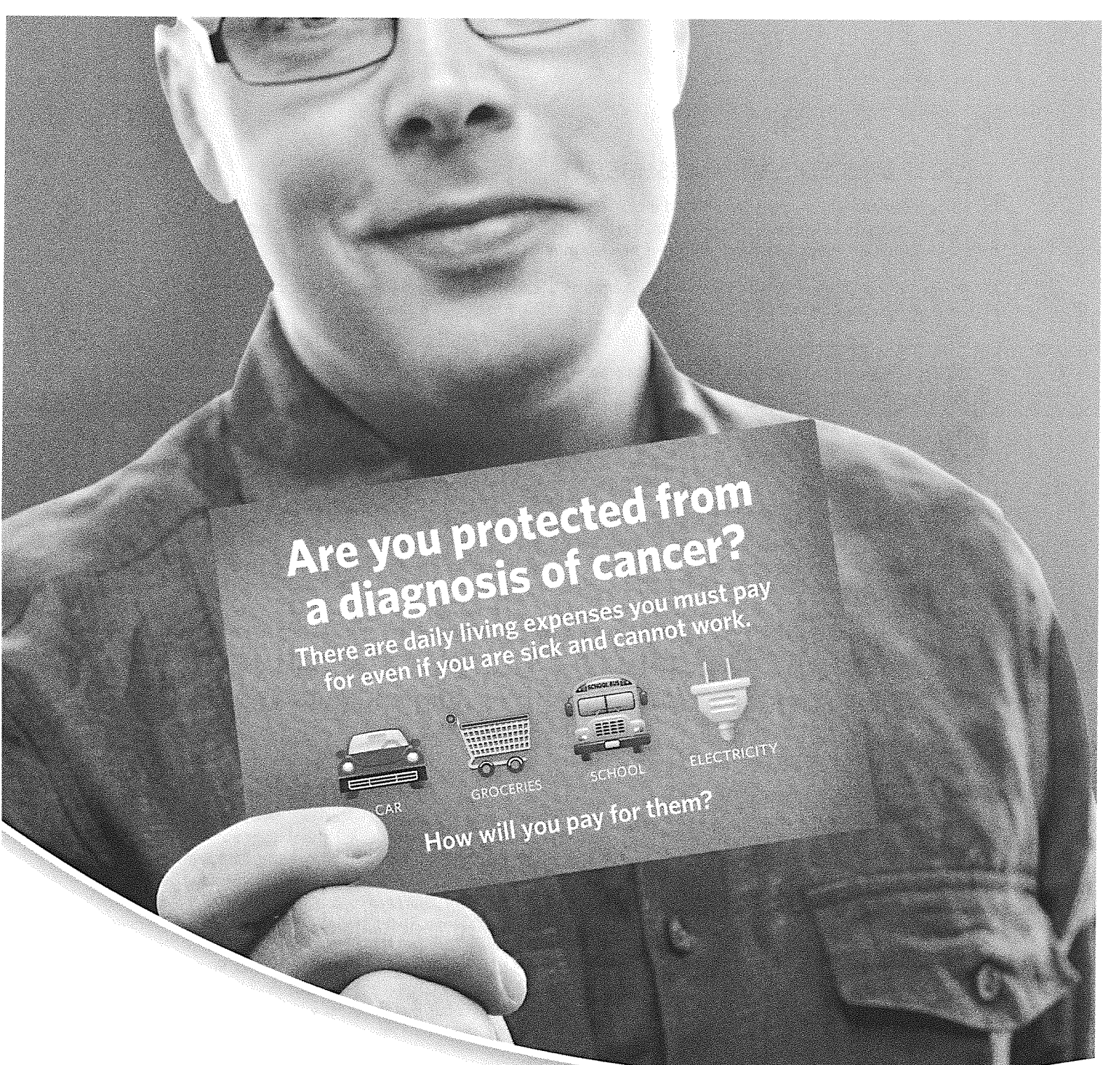
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Allstate

Benefits

Page 2a

A black and white photograph of a man with glasses, smiling slightly, holding a dark-colored sign in front of his chest. The sign contains text and icons. The background is a plain, light color.

Are you protected from a diagnosis of cancer?

There are daily living expenses you must pay
for even if you are sick and cannot work.



CAR



GROCERIES



SCHOOL



ELECTRICITY

How will you pay for them?

Group Cancer Insurance

Supplements existing coverage and can help provide
cash to cover medical and living expenses

Group voluntary cancer coverage from Allstate Benefits pays cash benefits for cancer and 29 specified diseases, to help with the costs of treatments and expenses as they happen.

THE POLICY IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATION THAT MUST BE FILED AND POSTED - TX only.



Allstate
BENEFITS

Screening tests
annually



A doctor visit
is scheduled



Tests are run and
results received



You get
paid cash

Private Duty Nursing Services - Pays a daily benefit when receiving physician-authorized inpatient private nursing services.

Extended Care Facility - Pays a daily benefit for physician-authorized inpatient confinement (within 14 days of a hospital stay).

At Home Nursing - Pays a daily benefit for physician-authorized private nursing care (within 14 days of a hospital stay).

Hospice Care - Pays a daily benefit when a physician determines terminal illness and approves hospice care at home (1 visit per day) or in a freestanding hospice care center.

RADIATION /CHEMOTHERAPY BENEFITS

Radiation/Chemotherapy for Cancer - Pays a benefit for covered treatment to destroy or modify cancerous tissue.

Blood, Plasma, and Platelets - Pays a benefit for blood, plasma and platelets. Includes charges for transfusions, administration, processing, procurement and cross-matching. Does not pay for blood replaced by donors.

SURGERY AND RELATED BENEFITS

Surgery* - Pays a benefit for an inpatient or outpatient operation listed in the Surgical Schedule.

Anesthesia - Pays 25% of the surgery benefit.

Ambulatory Surgical Center - Pays a benefit for surgery at an ambulatory surgical center, if listed in the Surgical Schedule.

Second Opinion - Pays a benefit for a second surgical opinion.

Bone Marrow or Stem Cell Transplant - Pays a benefit for transplants.

TRANSPORTATION AND LODGING BENEFITS

Ambulance - Pays a benefit for transfer by ambulance to or from a hospital when hospital-confined.

Non-Local Transportation - Pays a benefit for transportation for treatment not available locally (at least 70 miles away, up to 700 miles).

Outpatient Lodging - Pays a daily benefit for lodging when receiving radiation or chemotherapy on an outpatient basis non-locally (more than 100 miles from home).

Family Member Lodging and Transportation - Pays a daily benefit for one adult family member when an insured is confined at a non-local hospital for specialized treatment.

MISCELLANEOUS BENEFITS

Inpatient Drugs and Medicine - Pays a daily benefit for inpatient drugs and medicine (not paid if covered under the Radiation/Chemotherapy for Cancer or Anti-Nausea Benefits).

Physician's Attendance - Pays a daily benefit for one inpatient visit.

Physical or Speech Therapy - Pays a daily benefit for therapy to restore normal body function.

New or Experimental Treatment - Pays a benefit for physician-approved new or experimental treatments not covered under other benefits.

Prosthesis - Pays a benefit for a surgically implanted prosthetic device.

Comfort/Anti-Nausea - Pays a benefit for prescribed medication taken on an outpatient basis.

Waiver of Premium (primary insured only) - Pays a benefit for premiums after being disabled 90 days in a row due to cancer, for as long as disability lasts.

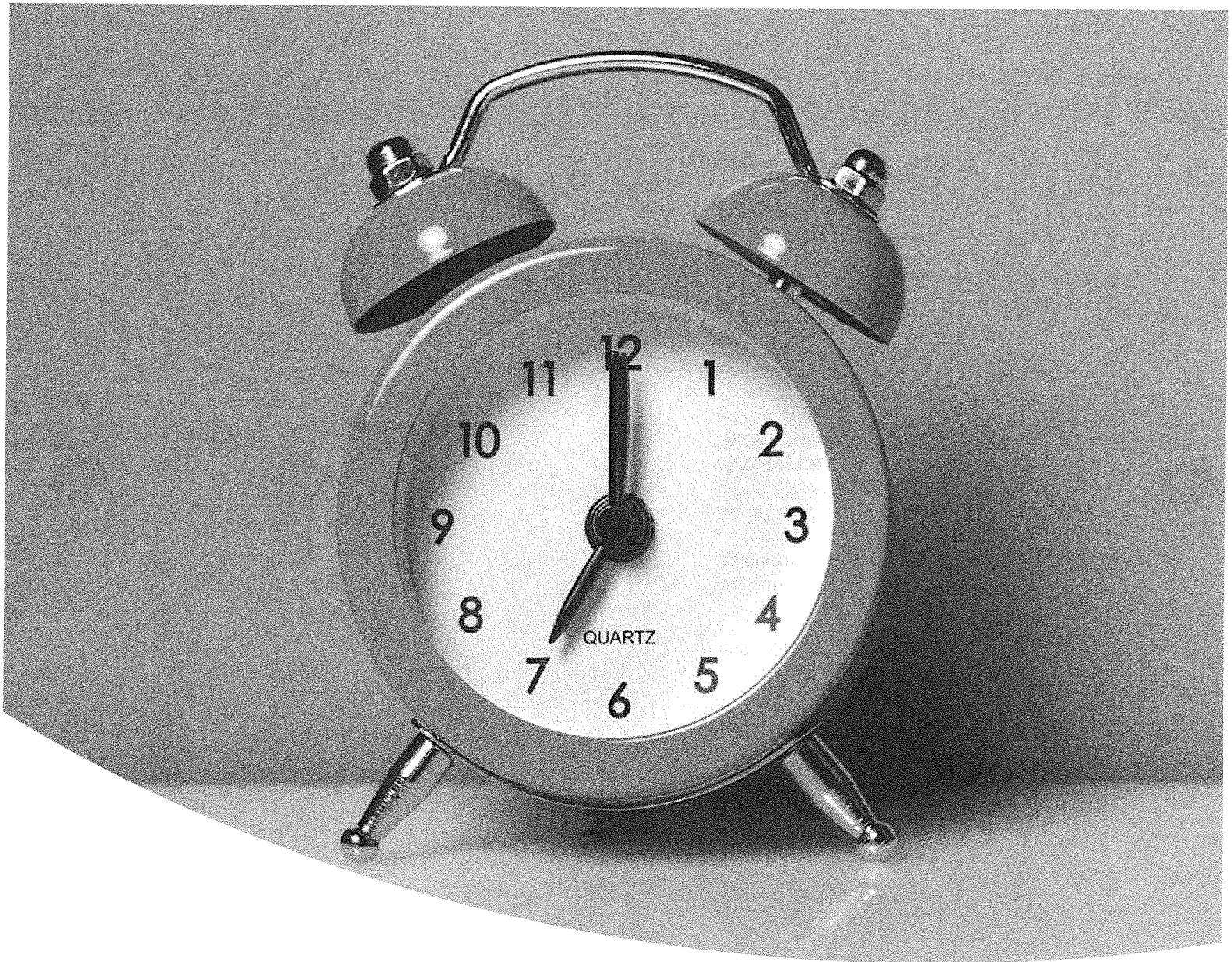
ADDITIONAL BENEFITS

Cancer Initial Diagnosis - Pays a one-time benefit if diagnosed for the first time with cancer (except skin cancer).

Cancer Screening - Pays a benefit each calendar year for one of the following: Bone Marrow Testing; Blood tests for CA15-3 (breast cancer), CA125 (ovarian cancer), PSA (prostate cancer) and CEA (colon cancer); Chest X-ray; Colonoscopy; Flexible sigmoidoscopy; Hemocult stool analysis; Mammography; Pap Smear; and Serum Protein Electrophoresis (test for myeloma).

Intensive Care - Pays a daily benefit for intensive-care unit confinement (up to 45 days for each stay) and air or surface ambulance to a hospital intensive-care unit.

*Two or more surgical procedures done at the same time, through one incision, are considered one operation. The operation with the largest benefit will be paid. Outpatient is paid at 150% of the amount listed in the Schedule of Surgical Procedures.



Now Is The Time...

Don't wait for a diagnosis

Being diagnosed with cancer can be one of the most frightening experiences anyone has to face, especially if you are unprepared. The out-of-pocket costs associated with cancer treatment may reduce your finances. Don't wait for a diagnosis to decide you need coverage, because by that time it will be too late. Get the protection you need today, and rest easy knowing you are protected in the event you are diagnosed.

Budget friendly

Sometimes, receiving proper cancer treatment is difficult if money is tight. That's where we can help. Your employer has worked with us to create a supplemental benefit package that can fit your needs and work within your budget.



Our supplemental insurance can help you and your family cover expenses for cancer and specified disease treatments if a diagnosis occurs.

**It's never too early to prepare
for the future.**

Benefit coverage for City of Weslaco group cancer insurance

Listed below are benefits and amounts associated with the benefits described in the brochure.

HOSPITAL CONFINEMENT BENEFITS		LOW	HIGH
Continuous Hospital Confinement (daily, up to 70 days)		\$200	\$300
Extended Benefits (daily, beginning on day 71 of hospital confinement)*		\$200	\$300
Government or Charity Hospital (daily)		\$200	\$300
Private Duty Nursing Services (daily)*		\$200	\$300
Extended Care Facility (daily)* ^{1,2}		\$200	\$300
At Home Nursing (daily)* ^{1,2}		\$200	\$300
Hospice Care Center (daily)* or		\$200	\$300
Hospice Care Team (per visit)*		\$200	\$300
RADIATION/CHEMOTHERAPY BENEFITS		LOW	HIGH
Radiation/Chemotherapy (every 12 mos.)*		\$5,000	\$10,000
Blood, Plasma, and Platelets (every 12 mos.)*		\$5,000	\$10,000
SURGERY AND RELATED BENEFITS		LOW	HIGH
Surgery ¹	1. Inpatient	\$1,500	\$4,500
	2. Outpatient	\$2,250	\$6,750
Anesthesia (% of surgery)*		25%	25%
Ambulatory Surgical Center (daily)*		\$250	\$750
Second Opinion*		\$200	\$600
Bone Marrow or Stem Cell Transplant* ^{2,3}	1. Autologous	1. \$500	1. \$1,500
	2. Non-autologous (cancer or specified disease treatment)	2. \$1,250	2. \$3,750
	3. Non-autologous (Leukemia)	3. \$2,500	3. \$7,500
TRANSPORTATION AND LODGING BENEFITS		LOW	HIGH
Ambulance (per confinement)*		\$100	\$100
Non-Local Transportation (common carrier or personal vehicle)		Coach Fare or \$0.40/mile	Coach Fare or \$0.40/mile
Outpatient Lodging (daily)* ^{1,2}		\$50	\$50
Family Member Lodging (daily, up to 60 days)* and Transportation (common carrier or personal vehicle)		\$50 Coach Fare or \$0.40/mile	\$50 Coach Fare or \$0.40/mile
MISCELLANEOUS BENEFITS		LOW	HIGH
Inpatient Drugs and Medicine (daily)*		\$25	\$25
Physician's Attendance (daily)*		\$50	\$50
Physical or Speech Therapy (daily)*		\$50	\$50
New or Experimental Treatment (per 12 months)*		\$5,000	\$5,000
Prosthesis* ^{1,2}		\$2,000	\$2,000
Comfort/Anti-Nausea (yearly)*		\$200	\$200
Waiver of Premium (primary insured only)		Yes	Yes
ADDITIONAL BENEFITS		LOW	HIGH
Cancer Initial Diagnosis ³		\$2,000	\$4,000
Cancer Screening (yearly)		\$50	\$100
Intensive Care	1. Hospital Confinement (daily, up to 45 days)	1. \$200	1. \$600
	2. Air/Surface Ambulance	2. Actual Charges	2. Actual Charges

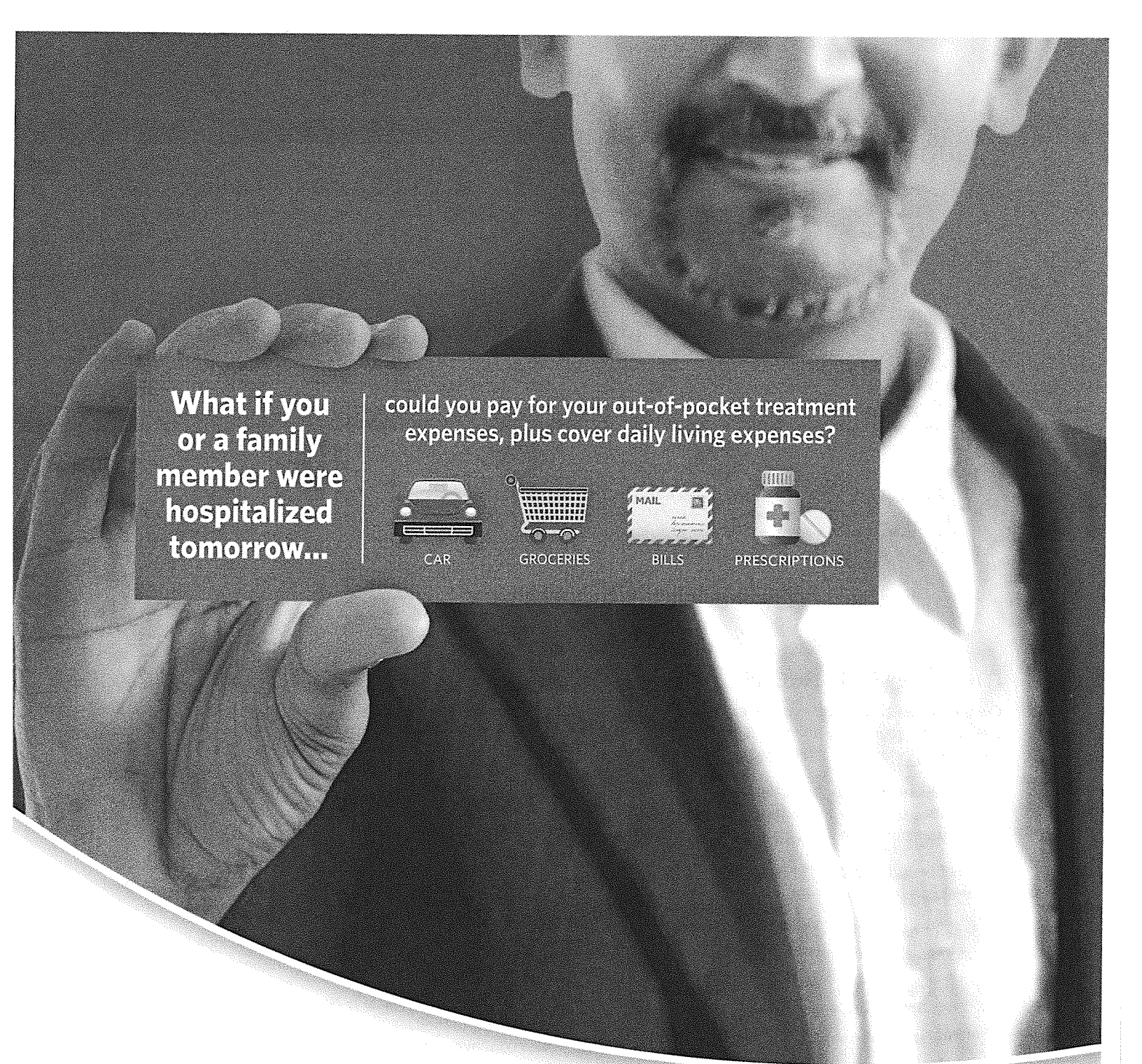
*Pays actual charges up to the specified amount listed.

¹Per Schedule of Surgical Procedures up to amount shown. ²Payable once per covered person per calendar year. ³Limit \$2,000/12 mo. period. ⁴Per amputation.

⁵One-time benefit. ⁶Up to the number of days of the previous continuous hospital confinement.



Allstate
BENEFITS



**What if you
or a family
member were
hospitalized
tomorrow...**

**could you pay for your out-of-pocket treatment
expenses, plus cover daily living expenses?**



CAR



GROCERIES



BILLS



PRESCRIPTIONS

Group Supplemental Health Insurance

**Supplements existing medical coverage with cash benefits to help you
pay for out-of-pocket hospital expenses**

Allstate Benefits group voluntary supplemental health plan provides cash benefits for hospitalization, surgery, outpatient, nursing and transportation related expenses, and can help cover them as they happen.

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATION THAT MUST BE FILED AND POSTED - TX only.



Allstate[®]
BENEFITS

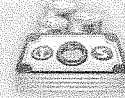
Admitted to the
hospital



A doctor visits
you daily



Surgery is
performed



You get paid
cash benefits

OUTPATIENT, NURSING, AND TRANSPORTATION BENEFITS

Outpatient Emergency Accident - Pays a benefit for emergency center treatment if injured. Pays 2 times each year per person.

Outpatient Physician's Treatment - Pays a benefit for physician treatment outside a hospital for any cause. Maximum of 5 visits each year for Individual, 10 visits for Individual and Spouse or Individual and Children, and 15 visits for Family coverage.

At Home Nursing - Pays a benefit for daily care, within 60 days after hospital confinement. Pays for one visit each day for up to 30 visits.

Ambulance Services - Pays a benefit for transport to an emergency treatment center or hospital by licensed ambulance. Maximum of 3 trips each year per person.

Non-Local Transportation - Pays a benefit for transportation when treatment is not available locally. Maximum of 3 trips each year per person.

CERTIFICATE SPECIFICATIONS

Eligibility/Termination - (a) Coverage may include you, your spouse and children. (b) Coverage under the policy ends on the date the policy is canceled; the last day premium payments were made; the last day of active employment, except as provided under the Employer's Temporary Layoff, Leave of Absence or Family and Medical Leave of Absence provision; the date you or your class are no longer eligible. (c) Spouse coverage ends upon valid decree of divorce or your death. (d) Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

LIMITATIONS AND EXCLUSIONS

Initial Hospitalization Confinement Exclusion - Benefit is not paid for normal pregnancy or complications of pregnancy, or for a newborn child's initial hospitalization after birth. A newborn child's initial hospitalization includes any transfers to another hospital before the child is discharged home.

Hospital Intensive Care Exclusion - We do not pay any benefits under the hospital intensive-care unit benefit for confinement in any care unit that does not qualify as a hospital intensive-care unit. Progressive care, sub-acute intensive care, intermediate care or step down units, private rooms with monitoring or any other lesser care treatment units do not qualify.

Pre-Existing Condition - We do not pay benefits due to a pre-existing condition, if the loss occurs during the first 12 months of coverage. A pre-existing condition is a condition for which: symptoms existed within the 12-month period prior to the effective date, or medical advice or treatment was recommended or received from a medical professional within the 12-month period prior to the effective date. A pre-existing condition can exist even though a diagnosis has not yet been made.

Supplemental Health Limitations and Exclusions - We do not pay benefits for: (a) injury or sickness incurred before the effective date; or (b) any act of war or participation in a riot, insurrection or rebellion; or (c) suicide or any attempt at suicide; or (d) being under the influence of alcohol or narcotics, unless taken on the advice of a physician; or (e) participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; or (f) committing or attempting an assault or felony; or (g) cosmetic dental or plastic surgery, except when required to correct a disorder; or (h) alcoholism or drug addiction or dependence upon any controlled substance; or (i) mental or nervous disorders; or (j) self-inflicted injuries; or (k) a newborn child's routine nursing or well baby care during initial hospital confinement; or (l) childbirth within the first 10 months of the effective date (complications of pregnancy are covered the same as sickness); or (m) hospitalization beginning before the effective date; or (n) reversal of tubal ligation or vasectomy; or (o) artificial insemination, in vitro fertilization and test tube fertilization (including testing, medications and doctor services) unless required by law; or (p) routine eye exams or fittings; or (q) hearing aids or fittings; or (r) dental exams and care resulting from an accident; or (s) driving in any organized or scheduled race or speed test or testing any vehicle on any race track or speedway.



EMERGENCY

Don't wait for a sign...

Emergency situations come up at any time

A sickness or injury that leads to hospitalization, surgery or emergency treatment can be costly, especially if you are not financially prepared. Your current medical coverage will help pay for the associated expense, but won't cover all of the out-of-pocket expenses you may face. Don't wait until you are rushed by ambulance to the emergency room to realize you need more protection.

Budget friendly

Sometimes, receiving in- or out-of-the-hospital treatment can be difficult if money is tight. We can help by providing you with supplemental coverage that can fit your needs and work within your budget.



Let our supplemental insurance help you and your family cover expenses for sickness or injury treatments, if and when one occurs. It's the financially smart thing to do!

It's never too early to prepare for the future.

Benefit coverage for City of Weslaco

group supplemental health insurance

HOSPITALIZATION BENEFITS		LOW PLAN	HIGH PLAN
Initial Hospital Confinement (yearly)		\$250	\$500
Daily Hospital Confinement (daily)		\$100	\$200
Hospital Intensive Care (daily)		\$100	\$200
SURGERY AND RELATED BENEFITS		LOW PLAN	HIGH PLAN
Surgery (according to schedule)		\$20-\$500	\$20-\$500
Anesthesia (% of surgery)		25%	25%
Inpatient Physician's Treatment (daily)		\$25	\$25
OUTPATIENT, NURSING, AND TRANSPORTATION BENEFITS		LOW PLAN	HIGH PLAN
Outpatient Emergency Accident (per visit)		\$250	\$250
Outpatient Physician's Treatment (per visit)		\$25	\$25
At Home Nursing (daily)		\$50	\$50
Ambulance	1. Surface Ambulance (per trip) 2. Air Ambulance (per trip)	1. \$150 2. \$300	1. \$150 2. \$300
Non-Local Transportation (per trip)		\$150	\$150
ADDITIONAL BENEFIT		LOW PLAN	HIGH PLAN
Term Life Rider	Employee Spouse Child(ren)	\$10,000 [†] \$5,000 [†] \$5,000 ^{††}	\$10,000 [†] \$5,000 [†] \$5,000 ^{††}

monthly premiums

LOW PLAN

AGES	EE	EE + SP	EE + CH	F
18-35	\$24.15	\$45.08	\$40.09	\$62.74
36-49	\$27.66	\$51.92	\$45.39	\$71.32
50-59	\$33.24	\$64.07	\$51.45	\$83.84
60-64	\$42.60	\$83.78	\$61.28	\$103.79
65 +	\$55.20	\$108.98	\$75.50	\$130.34

HIGH PLAN

AGES	EE	EE + SP	EE + CH	F
18-35	\$34.77	\$64.52	\$55.84	\$87.31
36-49	\$40.26	\$75.14	\$63.84	\$100.39
50-59	\$49.44	\$95.48	\$72.51	\$120.11
60-64	\$65.10	\$128.78	\$86.66	\$151.67
65 +	\$86.25	\$171.08	\$107.90	\$193.79

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Children; F = Family.

Issue Ages: 18 and over if Actively at Work.

Term Life Rider - The beneficiary receives the benefit amount shown upon death.

Term Life Rider Exclusions - If a person insured under the rider dies by suicide within the 1-year period after the effective date of that person's coverage under the rider, Allstate Benefits will pay only an amount equal to the premiums paid for the rider. This exclusion applies whether the death occurs while the person is sane or insane.

[†]Amounts are reduced by 25% at ages 65-70. Amounts are reduced to 50% at ages 70 or over.

^{††}6 months old to dependent age limit - \$5,000; 15 days but less than 6 months old - \$1,000.



This insert is for use in: TX

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BE WELL. BE SMART. BE PROTECTED.

heartcare plus premiums for texas

When you buy heartcare plus insurance, you decide which coverage you want. You can choose the one that's right for your budget and your coverage needs. The units of coverage you select will determine your benefit amounts and your corresponding premium.

Plan A - HeartCare Plus Policy (HSP2)

INDIVIDUAL Weekly	FAMILY (if covered) Weekly
1/2 unit \$2.08	1/2 unit \$4.00

INDIVIDUAL Weekly	FAMILY (if covered) Weekly
1 unit \$4.15	1 unit \$8.00

INDIVIDUAL Monthly	FAMILY (if covered) Monthly
1/2 unit \$8.98	1/2 unit \$17.32

INDIVIDUAL Monthly	FAMILY (if covered) Monthly
1 unit \$17.96	1 unit \$34.64

Issue Ages 18-64.

Name: _____

The HeartCare Plus Policy You Have Selected

- ☐ Individual ☐ Family
☐ 1/2 unit ☐ 1 unit

Total Premium

Premium: _____

☐ Weekly ☐ Monthly

This premium insert is incomplete without brochure D-7803, which describes the benefits, exclusions and limitations of the heartcare plus insurance policy. This is not an application for coverage. Please see your agent for details. Benefits are subject to all of the terms, conditions and provisions of the policy. All terms defined and used in the policy apply unless otherwise provided. This insert highlights some features of the policy, but is not the insurance contract. Only the actual policy provisions control. The policy itself sets forth, in detail, the rights and obligations of both the insured and the insurance company.



Allstate

Workplace Division

HeartCare Plus Insurance Policy provided by form HSP2, or state variations thereof. Underwritten by American Heritage Life Insurance Company, Allstate Workplace Division is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a wholly owned subsidiary of The Allstate Corporation. ©2002 American Heritage Life Insurance Company
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heart/stroke insurance

HeartCare Plus and HeartCare Direct

No one likes to think about getting heart disease. But 61,800,000 Americans have one or more types of cardiovascular disease according to current estimates.¹ While you may not be able to prevent the disease, you can help protect yourself from its costs.

The American Heart Association estimates the total direct and indirect costs of Cardiovascular Diseases and Stroke in 2002 in the United States to be \$329.2 billion.¹ You can protect yourself and your family from these costs. HeartCare Plus and HeartCare Direct insurance covers a portion of the costs for ambulance, surgery and physicians.

HeartCare Plus and HeartCare Direct insurance helps you:

- Manage the high expenses of treatment
- Preserve your savings
- Protect your family from financial hardship
- Concentrate on getting well

¹American Heart Association - 2002 Heart Stroke Statistical Update.

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED (HEART CARE PLUS ONLY).



Allstate.

Workplace Division

BE WELL. BE SMART. BE PROTECTED.

how it works

why it makes sense

It's probably crossed your mind that you or your family may need treatment for heart disease or stroke. And you may have thought about the ways it would affect your life and your loved ones. But have you considered how cardiovascular diseases could impact your financial security.

Medical insurance often stops short of considering these costs "essential" but some of these costs may be covered with Allstate Workplace Division's HeartCare Plus and HeartCare Direct Insurance.

HeartCare Plus and HeartCare Direct Insurance Might Be Right For You If:

- There are cardiovascular diseases in your family's history
- You don't have much money set aside for an unexpected cardiovascular illness
- You want to help keep your family financially secure
- You want coverage you can take with you if you leave your job

What You Get

HeartCare Plus Policy and HeartCare Direct

- Pays you benefits that can be used for non-medical expenses that health insurance might not cover
- Benefits are paid as you go and cover the costs of specific treatments and expenses (up to the maximum allowed) as they happen
- Supplemental coverage, it works in addition to other insurance you may have, such as medical and disability income
- Guaranteed renewable for life, subject to change in premiums by class
- Coverage for yourself or your entire family

HeartCare Plus Policy Only

- Pays in addition to your Workers' Compensation
- Premiums can be made using pre-tax dollars under Section 125
- Plan is portable. It's a benefit that you can keep if you change jobs or retire by paying premiums directly to Allstate Workplace Division.

Optional Riders for HeartCare Plus and HeartCare Direct

- Optional riders which can be added to your base policy are: an optional intensive care benefit which pays benefits for an intensive care confinement due to any covered accident or disease, and a cancer initial diagnosis benefit, which pays a one-time benefit when a covered person is positively diagnosed with cancer (other than skin cancer). Exclusions and Limitations apply.

EXPLANATION OF BENEFITS	1/2 UNIT	1 UNIT
Hospital Confinement Amount shown per day for each day a covered person is admitted and confined as an inpatient in a hospital due to a Heart Attack, Heart Disease or Stroke.	\$100 each day	\$200 each day
Physician's Attendance Amount shown per day for the services of a physician during a covered hospital confinement. Payable only for the number of days the hospital confinement benefit is payable.	\$12.50 each day	\$25 each day
Inpatient Drugs and Medicine Amount shown per day for drugs or medicine required during a covered hospital confinement. Payable only for the number of days the hospital confinement benefit is payable.	\$12.50 each day	\$25 each day
Private Duty Nursing Amount shown per day for private nursing care and attendance by a nurse during a covered hospital confinement, subject to a maximum of 60 days per continuous hospital confinement. Must be required and authorized by attending physician.	\$50 each day	\$100 each day
Physiotherapy Amount shown per day for physiotherapy performed by a licensed physical therapist during a covered hospital confinement, subject to a maximum of 60 days per continuous hospital confinement.	\$25 each day	\$50 each day
Oxygen Amount shown for the use of oxygen equipment during a covered hospital confinement, subject to a maximum of 1 payment per continuous hospital confinement.	\$100	\$200
Cardiograms Amount shown for an electrocardiogram, echocardiogram, phonocardiogram or vectorcardiogram required during a covered hospital confinement, subject to a maximum of 1 payment per continuous hospital confinement.	\$50	\$100
Cerebral or Carotid Angiogram Amount shown for a cerebral or carotid angiogram required during a covered hospital confinement, subject to a maximum of 1 payment per continuous hospital confinement.	\$75	\$150
Coronary Angioplasty Amount shown for a coronary angioplasty procedure, regardless of the number of blood vessels repaired during the procedure.	\$375	\$750
Pacemaker Insertion Amount shown for the initial insertion of a permanent pacemaker.	\$500	\$1,000
Thromboendarterectomy Amount shown for a thromboendarterectomy operation.	\$1,250	\$2,500
Coronary Artery Bypass Graft Operation Amount shown for a coronary artery bypass graft operation, regardless of the number of grafts performed during the operation.	\$1,250	\$2,500
Heart Transplant Amount shown for the implantation of a natural human heart. This benefit is only payable once per covered person.	\$50,000	\$100,000